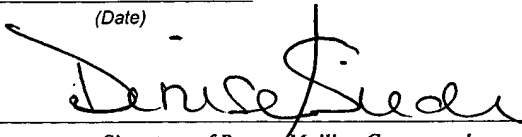


| | | | | | | |
|---|-------------------------------------|---|--|-------------------------------|------------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | | | Docket No. 2004-2148.ORI | |
| Applicant(s): Daniel P. Hurt | | | | | | |
| Application No. 10/786767 | Filing Date 02/25/2004 | Examiner Christopher J. Novosad | Customer No. 022476 | Group Art Unit 3671 | Confirmation No. 2853 | |
| Invention: ERGONOMIC HAND TOOL | | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 13 - | 20 = | 0 | x \$25.00 | \$0.00 | |
| INDEP. CLAIMS | 3 - | 3 = | 0 | x \$100.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0789 <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
| Signature | | | Dated: August 26, 2005 | | | |
| Christopher G. Frank, Reg. No. 52,910 Haugen Law Firm PLLP 1130 TCF Tower 121 South Eighth Street Minneapolis, MN 55402 Phone: 612.339.8300 | | | I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 08/26/2005 (Date)  Signature of Person Mailing Correspondence Denise L. Siede Typed or Printed Name of Person Mailing Correspondence | | | |
| CC: | | | | | | |



PATENT APPLICATION

Docket No. 2004-2148.ORI

UNITED STATES PATENT AND TRADEMARK OFFICE

Re App : Daniel P. Hurt Date: August 26, 2005
S.N. : 10/786,767 Art Unit: 3671
Filed : February 25, 2004 Examiner: C.J. Novosad
For : ERGONOMIC HAND TOOL

AMENDMENT

VIA FIRST CLASS MAIL

Mail Stop Non-Fee Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is submitted in response to the Official
Action dated May 26, 2005 in the above-identified application.
Please amend the application as follows.